-MP CALLS FOR COMPLETE SUSPENSION OF MRNA JAB IN EXTRAORDINARY BRITISH PARLIAMENTARY SPEECH
UK House of Commons, Tuesday 13 December 2022, Andrew Bridgen MP

the full transcript

Motion made, and Question proposed, That this House do now adjourn.—(Andrew Stephenson.)

7.04pm

Andrew Bridgen

(North West Leicestershire) (Con)

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Three months ago, one of the most eminent and trusted cardiologists, a man with an international reputation, Dr Aseem Malhotra, published peer-reviewed research that concluded that there should be a complete cessation of the administration of the covid mRNA vaccines for everyone because of clear and robust data of significant harms and little ongoing benefit. He described the roll-out of the BioNTech-Pfizer vaccine as

“perhaps the greatest miscarriage of medical science, attack on democracy, damage to population health, and erosion of trust in medicine that we will witness in our lifetime.”

Interestingly, there has so far not been a single rebuttal of Dr Malhotra’s findings in the scientific literature, despite their widespread circulation and the fact that they made international news.

Before I state the key evidence-based facts that make a clear case for complete suspension of these emergency use authorisation vaccines, it is important to appreciate the key psychological barrier that has prevented these facts from being acknowledged by policymakers and taken up by the UK mainstream media. That psychological phenomenon is wilful blindness. It is when human beings—including, in this case, institutions—turn a blind eye to the truth in order to feel safe, reduce anxiety, avoid conflict and protect their prestige and reputations. There are numerous examples of that in recent history, such as the BBC and Jimmy Savile, the Department of Health and Mid Staffs, Hollywood and Harvey Weinstein, and the medical establishment and the OxyContin scandal, which was portrayed in the mini-series “Dopesick”. It is crucial to understand that the longer wilful blindless to the truth continues, the more unnecessary harm it creates.

Here are the cold, hard facts about the mRNA vaccines and an explanation of the structural drivers that continue to be barriers to doctors and the public receiving independent information to make informed decisions about them. Since the roll-out in the UK of the BioNTech-Pfizer mRNA vaccine, we have had almost half a million yellow card reports of adverse effects from the public. That is unprecedented. It is more than all the yellow card reports of the past 40 years combined. An extraordinary rate of side effects that are beyond mild have been reported in many countries across the world that have used the Pfizer vaccine, including, of course, the United States.

Jim Shannon

(Strangford) (DUP)

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I spoke to the hon. Gentleman beforehand and he knows my feelings about the vaccines. I am a supporter of the vaccines, as are many of my family, but I understand where he is coming from. In fact, I have had some constituents come to me about this. Does he agree that, in this House, we must acknowledge risks and not simply relegate them to fine print?

Andrew Bridgen

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The hon. Gentleman is absolutely right. Those who feel that they have been damaged by the vaccine should of course have the full support of their elected Members of Parliament and the NHS. Only a couple of weeks ago, I was interviewed by a journalist Toggle showing location ofColumn 1087from a major news outlet who said that he was being bombarded by calls from people who said that they were vaccine-harmed but unable to get the support they wanted from the NHS. He also said that he thought this would be the biggest scandal in medical history in this country. Disturbingly, he also said that he feared that if he were to mention that in the newsroom in which he worked, he would lose his job. We need to break this conspiracy of silence.

It is instructive to note that, according to pharmaco-vigilance analysis, the serious adverse effects reported by the public are thought to represent only 10% of the true rate of serious adverse events occurring within the population. The gold standard of understanding the benefit and harm of any drug is the randomised controlled trial. It was the randomised controlled trial conducted by Pfizer that led to UK and international regulators approving the BioNTech-Pfizer mRNA vaccine for administration in the first place.

Contrary to popular belief, that original trial of approximately 40,000 participants did not show any statistically significant reduction in death as a result of vaccination, but it did show a 95% relative risk reduction in the development of infection against the ancestral, more lethal strain of the virus. However, the absolute risk reduction for an individual was only 0.84%. In other words, from its own data, Pfizer revealed that we needed to vaccinate 119 people to prevent one infection. The World Health Organisation and the Academy of Medical Royal Colleges have previously stated and made it clear that it is an ethical responsibility that medical information is communicated to patients in absolute benefit and absolute risk terms, which is to protect the public from unnecessary anxiety and manipulation.

Very quickly, through mutations of the original strain—indeed, within a few months—covid fortunately became far less lethal. It quickly became apparent that there was no protection against infection at all from the vaccine, and we were left with the hope that perhaps these vaccines would protect us from serious illness and death. So what does the most reliable data tell us about the best-case scenario of individual benefit from the vaccine against dying from covid-19? Real-world data from the UK during the three-month wave of omicron at the beginning of this year reveals that we would need to vaccinate 7,300 people over the age of 80 to prevent one death. The number needed to be vaccinated to prevent a death in any younger age group was absolutely enormous.

Danny Kruger

(Devizes) (Con)

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I am very grateful to my hon. Friend for bringing this debate to the House. It is a very important debate that we should be having. He is talking about the relative risks for different cohorts of the population. He will remember that, when the vaccine was first announced, the intention was that it would be used only for those who were vulnerable and the elderly because, as he says, the expectation was that the benefit to younger people was minor. Does he agree that it would be helpful for the Minister to explain to us why the original advice that the vaccines would be rolled out only for the older population, and would not be used for children in particular, was laid aside and we ended up with the roll-out for the entire population, including children?

Andrew Bridgen

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I thank my hon. Friend for that intervention and his support on this very important issue. Of course, it is important that the Government justify why they are rolling out a vaccine to any cohort of people, particularly our children. He will recall that, in the

Westminster Hall debate, we questioned the validity of vaccinating children who have minimal risk, if a risk at all, from the virus when there is a clear risk from the vaccine. I will again report on evidence from America later in my speech about those risks, particularly to young children.

In other words, the benefits of the vaccine are close to non-existent. Beyond the alarming yellow card reports, the strongest evidence of harm comes from the gold standard, highest possible quality level of data. A re-analysis of Pfizer and Moderna's own randomised controlled trials using the mRNA technology, published in the peer-reviewed journal Vaccine, revealed a rate of serious adverse events of one in 800 individuals vaccinated. These are events that result in hospitalisation or disability, or that are life changing. Most disturbing of all, however, is that those original trials suggested someone was far more likely to suffer a serious side effect from the vaccine than to be hospitalised with the ancestral, more lethal strain of the virus. These findings are a smoking gun suggesting the vaccine should likely never have been approved in the first place.

In the past, vaccines have been completely withdrawn from use for a much lower incidence of serious harm. For example, the swine flu vaccine was withdrawn in 1976 for causing Guillain-Barré syndrome in only one in 100,000 adults, and in 1999 the rotavirus vaccine was withdrawn for causing a form of bowel obstruction in children affecting one in 10,000. With the covid mRNA vaccine, we are talking of a serious adverse event rate of at least one in 800, because that was the rate determined in the two months when Pfizer actually followed the patients following their vaccination. Unfortunately, some of those serious events, such as heart attack, stroke and pulmonary embolism will result in death, which is devastating for individuals and the families they leave behind. Many of these events may take longer than eight weeks post vaccination to show themselves.

An Israeli paper published in Nature's scientific reports showed a 25% increase in heart attack and cardiac arrest in 16 to 39-year-olds in Israel. Another report from Israel looked at levels of myocarditis and pericarditis in people who had had covid and those who had not. It was a study of, I think, 1.2 million who had not had covid and 740,000 who had had it. The incidence of myocarditis and pericarditis was identical in both groups. This would tell the House that whatever is causing the increase in heart problems now, it is not due to having been infected with covid-19.

It was accepted by a peer-reviewed medical journal that one of the country's most respected and decorated general practitioners, the honorary vice-president of the British Medical Association and the Labour party's doctor of the year, Dr Kailash Chand, likely suffered a cardiac arrest and was tragically killed by the Pfizer vaccine six months after his second dose, through a mechanism that rapidly accelerates heart disease. In fact, in the UK we have had an extra 14,000 out-of-hospital cardiac arrests in 2021, compared with 2020, following the vaccine roll-out. Many of

these will undoubtedly be because of the vaccine, and the consequences of this mRNA jab are clearly serious and common.

Mr Jonathan Lord

(Woking) (Con)

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My hon. Friend is making an interesting and important speech. In particular, he is giving a lot of detail about the Pfizer vaccine. Does he have similar concerns about other vaccines, and if so, will he be talking about those later in his speech?

Andrew Bridgen

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I thank my hon. Friend for that intervention. Clearly this is related to all mRNA vaccinations. He will be well aware that many of us have had the AstraZeneca vaccine, which has effectively been withdrawn because of health concerns. Indeed, I will declare to the House that I am double-vaccinated with AstraZeneca, which has now been withdrawn.

Ministers may understandably wish to defer the responsibility for a decision such as withdrawing vaccines from the population to regulators such as the Medicines and Healthcare products Regulatory Agency, or in America the Food and Drug Administration. Historically, when undertaking the approval of any drug, the regulators ultimately end up relying on the summary results from the drug companies in their sponsored trials, where the raw data is kept commercially confidential. Furthermore, the MHRA has a huge financial conflict of interest, receiving 86% of its funding from the pharmaceutical industry it is supposed to regulate. In effect, we have the poacher paying the gamekeeper.

In a recent investigation by The BMJ into the financial conflicts of interest of the drug regulators, the sociologist Donald Light said:

“It’s the opposite of having a trustworthy organisation independently and rigorously assessing medicines. They’re not rigorous, they’re not independent, they are selective, and they withhold data.”

He went on to say that doctors and patients

“must appreciate how deeply and extensively drug regulators can’t be trusted so long as they are captured by industry funding.”

Similarly, another investigation revealed that members of the Joint Committee on Vaccination and Immunisation had huge financial links to the Bill and Melinda Gates

Foundation running into billions of pounds. Ministers, the media and the public know that the foundation is heavily invested in pharmaceutical industry stocks.

Unfortunately, the catastrophic mistake over the approval, and the coercion associated with this emergency-use authorisation medical intervention, are not an anomaly, and in many ways this could have been predicted by the structural failures that allowed it to occur in the first place. Those shortcomings are rooted in the increasingly unchecked visible and invisible power of multinational corporations—in this case, big pharma. We can start by acknowledging that the drug industry has a fiduciary obligation to produce profit for its shareholders, but it has no fiduciary obligation to provide the right medicines for patients.

The real scandal is that those with a responsibility to patients and with scientific integrity—namely, doctors, academic institutions and medical journals—collude with the industry for financial gain. Big pharma exerts its power by capturing the political environment through lobbying and the knowledge environment through funding university research and influencing medical education, preference shaping through capture of the media, financing think-tanks and so on. In other words, the public relations machinery of big pharma excels in subterfuge and engages in smearing and de-platforming those who call out its manipulations. No doubt it will be very busy this evening.Toggle showing location ofColumn 1090

It is no surprise, when there is so much control by an entity that has been described as “psychopathic” for its profit-making conduct, that one analysis suggests that third most common cause of death globally after heart disease and cancer is the side effects of prescribed medications, which were mostly avoidable. Because of those systemic failures, doctors often receive biased information, deliberately manipulated by the pharmaceutical industry, which exaggerates the benefits and the safety of their drugs. Furthermore, the former editor of The BMJ, Richard Smith, claims that research misconduct is rife and is not effectively being tackled in the UK institutions, stating:

“Something is rotten in…British medicine and has been for a long time”.

It has also been brought to my attention by a whistleblower from a very reliable source that one of these institutions is covering up clear data that reveals that the mRNA vaccine increases inflammation of the heart arteries. It is covering this up for fear that it may lose funding from the pharmaceutical industry. The lead of that cardiology research department has a prominent leadership role with the British Heart Foundation, and I am disappointed to say that he has sent out non-disclosure agreements to his research team to ensure that this important data never sees the light of day. That is an absolute disgrace. Systemic failure in an over-medicated population also contributes to huge waste of British taxpayers’ money and increasing strain on the NHS.

Danny Kruger

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My hon. Friend is being very good with his time. I just want to call his attention to some research, since I chair the all-party parliamentary group for prescribed drug dependence. He refers to the waste of money; there is £500 million being spent every year by the NHS on prescribed drugs for people who should not be on those habit-forming pills, causing enormous human misery as well as waste for the taxpayer.

Andrew Bridgen

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I thank my hon. Friend for making a point that only reinforces the items in my speech that the public need to know. I thank him again for his support.

We need an inquiry into the influence of big pharma on medications and our NHS. That is been called for many occasions and by some very influential people, including prominent physicians such as the former president of the Royal College of Physicians and personal doctor to our late Queen, Sir Richard Thompson. On separate occasions in the last few years those calls have been supported and covered in the Daily Mail, The Guardian and, most recently, The i newspaper.

We are fighting not just for principles of ethical, evidence-based medical practices, but for our democracy. The future health of the British public depends on us tackling head-on the cause of this problem and finding meaningful solutions. In 2015 a commentary by Richard Houghton, editor-in-chief of The Lancet, suggested that possibly half of the published medical literature “may simply be untrue”. He wrote that “science has taken a turn toward darkness”, and asked who is going to take the first step to clean up the system.

That first step could start this evening with this debate. It starts here, with the vaccine Minister and the Government ensuring in the first instance an immediate and complete suspension of any more covid vaccines Toggle showing location ofColumn 1091with their use of mRNA technology. Silence on this issue is more contagious than the virus itself, and now so should courage be. I would implore all the scientists, medics, nurses and those in the media who know the truth about the harm these vaccines are causing to our people to speak out.

We have already sacrificed far too many of our citizens on the altar of ignorance and unfettered corporate greed. Last week the MHRA authorised those experimental vaccines for use in children as young as six months. In a Westminster Hall debate some weeks ago, I quoted a report by the Journal of the American Medical Association studying the effect of the covid-19 mRNA vaccination on

children under five years of age. It showed that one in 200 had an adverse event that resulted in hospitalisation, and symptoms that lasted longer than 90 days.

As the data clearly shows to anyone who wants to look at it, the mRNA vaccines are not safe, not effective and not necessary. I implore the Government to halt their use immediately. As I have demonstrated and as the data clearly shows, the Government's current policy on the mRNA vaccines is on the wrong side of medical ethics, it is on the wrong side of scientific data, and ultimately it will be on the wrong side of history.

7.25pmThe Parliamentary Under-Secretary of State for Health and Social Care

(Maria Caulfield)

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I thank my hon. Friend the Member for North West Leicestershire (Andrew Bridgen) for securing the debate. It is important that all Members get to discuss and debate such issues, and they are entitled to their opinion.

I have to say that I strongly disagree with my hon. Friend, not only in the content of his speech, but in the way he derided doctors, scientists and nurses. Many of us worked through the pandemic and saw at first hand the devastation that covid caused. There is no doubt in my mind that, despite the personal protective equipment, social distancing and infection control, the thing that made the biggest difference in combating covid was the introduction of the vaccine.

Safe and effective vaccines have underpinned our strategy for living with covid. Covid has not gone away, but we are living with it in a way that was not possible this time last year. Vaccines have saved thousands of lives, reduced the pressure on the NHS, and allowed the economy and society to reopen, not just in this country but in countries across the world. In countries with lower vaccination rates, their ability to open up, move on and live with covid was reduced.

Across the piece—not just for covid—vaccines remain our biggest line of defence, particularly during a challenging winter period. We see with our seasonal flu vaccine roll-out and our covid programme that getting the most vulnerable people vaccinated—

Andrew Bridgen

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Will the Minister give way on that point?

Maria Caulfield

Sharethis specific contribution

I will not. I have just three minutes to respond to the many points that my hon. Friend made.Toggle showing location ofColumn 1092

It is important to put on the record that all the vaccines used in the UK are safe, and we have some of the highest safety standards in the world, with the MHRA globally recognised for requiring high standards of safety. I have worked in clinical research, and I can say categorically that the data is not hidden from the public or the MHRA; it is inspected rigorously and can be reinspected at any time.

Each of our covid vaccine candidates is assessed by a team of scientists and clinicians on a case-by-case basis, and it is only once a potential vaccine has met robust standards of effectiveness, safety and quality that it is approved for use. That is the case for all medicines, not just covid vaccines. Extensive data shows that the vaccine is safe and highly effective in reducing the deaths that we sadly saw during the pandemic. That does not end when the vaccine is approved; surveillance of vaccines continues, as it does with any medicine, and any adverse reaction is recorded on a regular basis. That does not stop following approval.

My hon. Friend talked about the yellow card reports. Those have been in place for many years. Anyone who has a side effect from any medicine can make a yellow card report. When I was first starting out in nursing, that was a physical yellow card; it is now online. Anyone can submit any suspected adverse drug reaction. The MHRA will collate and review them, and it has in the past gone on to suspend the licence of a medicine if it has concerns. That is something that it can do for any vaccine, including any covid vaccine.

The nature of the yellow card reporting system means that some reported events are not always proven side effects. A side effect can be reported; the MHRA will then go and look to see whether it is actually related to that medicine, and there is a list of probabilities of how likely it is that the side effect is related to that medicine. There is comprehensive surveillance to alert us to any unforeseen adverse reactions to vaccines and to enable us to act swiftly when required.

We know that there are some circumstances where individuals have sadly experienced harm with a possible link to a vaccination. I recognise how difficult that is for those individuals and their families. We have put measures in place to monitor any possible side effects and to commission further research that will help us better understand how to diagnose and treat those who have suffered or continue to suffer any ill effects from a covid-19 vaccine. That is the case for any medicine—even with a simple medicine such as paracetamol, people can get side effects—and that is why every medicine that is prescribed and dispensed has a patient safety information sheet listing the most likely side effects and encouraging people to report any that may not be included.

Danny Kruger

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Will the Minister give way?

Maria Caulfield

Sharethis specific contribution

I will give way quickly, because I have only a couple of minutes.

Danny Kruger

Sharethis specific contribution

I am grateful. The Minister’s predecessor had asked the Joint Committee on Vaccination and Immunisation to review the evidence behind the decision to roll out the vaccine to children. Can she update the House or write to us to explain where that review has got to? Does she agree that the JCVI should be looking at the vaccination of children?

Maria Caulfield

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I will write to my hon. Friend with an update on that report. It was touched on that the MHRA has licensed the vaccine for babies, but that has not yet been approved by the JCVI, so that is just a licence rather than a recommendation to roll out. However, I am happy to send him the details of that report.

I want to put on the record that the covid vaccines have saved tens of thousands of lives and prevented hundreds of thousands of people from being hospitalised. I completely disagree with my hon. Friend the Member for North West Leicestershire that there is a whole conspiracy of doctors, nurses and scientists—they have done nothing but work hard to get us through the pandemic.

Andrew Bridgen

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rose—

Maria Caulfield

Sharethis specific contribution

I will give way for one brief point.

Andrew Bridgen

Sharethis specific contribution

I thank the Minister for giving way on that important point. The claims about the number of lives saved worldwide by the vaccination are sponsored by vested interests. The modelling is the lowest form of scientific evidence—in fact, it is more science fiction than science fact.

Maria Caulfield

Sharethis specific contribution

I completely disagree. I worked on the covid wards with patients who were dying from that virus. We had infection control measures, antibiotics, Toggle showing location ofColumn 1094dexamethasone—a steroid—and every known facility available, and the only thing that made a difference was when those vaccines were introduced. They do not necessary stop people from getting the virus, but they certainly reduce its intensity and the likelihood of someone dying from it.

I completely debunk the conspiracy theories about a whole group of people benefiting financially from the roll-out of the vaccine and would gently say to my hon. Friend that if he has evidence, there are mechanisms in place for raising concerns, as we have seen with other drugs. Only today, I was before the Health and Social Care Committee talking about sodium valproate—we also had an Adjournment debate on that last week—where there are genuine safety concerns. The MHRA is taking that extremely seriously. It is not worried about pharma concerns; its first priority is patients, and it is exactly the same with the covid vaccine. So if there is evidence—I am not saying that there is not—it absolutely must go through the proper channels so that it can be evaluated.

We have launched a nationwide campaign to encourage people to come forward this winter to get their booster. I recommend that people do that safe in the knowledge that the vaccine is safe for people to have.

Question put and agreed to.

7.33pm

House adjourned.